

Lewis County



Sheriff's Office

Civil Service Commission Employment Application

The mission for every member of the Lewis County Sheriff's Office is to seek and find ways to affirmatively promote, preserve and deliver a feeling of security, safety and quality services to members of the community.

1. TITLE OF POSITION YOU ARE APPLYING FOR _____

2. FULL NAME _____

Any other names _____

3. LEGAL ADDRESS:

STREET _____

CITY _____

STATE _____ ZIP _____ HOME PHONE () _____

MAILING ADDRESS:

STREET _____

CITY _____

STATE _____ ZIP _____ BUSINESS PHONE () _____

BEGINNING WITH THE MOST RECENT, LIST RESIDENCE ADDRESSES AND DATES FOR THE PAST TEN YEARS:

Address (Street & Number)	City	State	Zip-code	Date from - to
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Address (Street & Number)	City	State	Zip-code	Date from - to
---------------------------	------	-------	----------	----------------

Address (Street & Number)	City	State	Zip-code	Date from - to
---------------------------	------	-------	----------	----------------

Address (Street & Number)	City	State	Zip-code	Date from - to
---------------------------	------	-------	----------	----------------

4. DATE OF BIRTH _____ SOC. SEC. NO. _____
month/day/year

5. MILITARY STATUS

Have you ever served in the Army, Navy, Marine Corps, Air Force, Coast Guard, R.O.T.C., or any Military Reserve unit?

YES_____ NO_____ If YES, explain:

Entry Date	Rank/Branch/Organization	Discharge Type	Date
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Are you claiming Veterans Preference?

YES_____ NO _____ N/A _____

6. PERSONS LIVED WITH: List ALL person with whom you have lived during the past five years. DO NOT include family members

[illegible]

7. FAMILY REFERENCES:

List all immediate relatives, parents, siblings, in-laws and ex-spouses.

[illegible]

8. EDUCATION - TRAINING - SKILLS

A. HIGH SCHOOL

Name Location Year Graduated

OR

GED

School Name Location Year Awarded

B. COLLEGE OR POST HIGH SCHOOL EDUCATION (list formal education you have completed at the college or university level. Please attach a copy of your graduation diploma(s) and a copy of your official transcript(s). The official transcript(s) should be sent to the Lewis County Civil Service Commission, P. O. Box 29, Chehalis, WA 98532.

College/University attended and location

Dates Attended

Number of quarter or semester credits earned

Degree earned and year

Major course of study

College/University attended and location

Dates Attended

Number of quarter or semester credits earned

Degree earned and year

Major course of study

College/University attended and location

Dates Attended

Number of quarter or semester credits earned

Degree earned and year

Major course of study

If you have skills or experience gained through hobbies or volunteer work which you believe are relevant to the position for which you are applying, describe here:

What level of computer expertise do you possess?

Languages spoken fluently other than English

9. LIST ALL PERIODS OF EMPLOYMENT AND UNEMPLOYMENT IN THE PAST TEN (10) YEARS, BEGINNING WITH THE PRESENT OR MOST RECENT EMPLOYER AND GOING BACKWARDS. LIST EVERYTHING IN PROPER SEQUENCE, *OMIT NONE*

a. Employed by _____
Address _____
Telephone Number _____
Your Title _____ Dates Employed _____ to _____
Immediate Supervisor _____ Salary _____
Reason for Leaving _____
Specific Duties _____

b. Employed by _____
Address _____
Telephone Number _____
Your Title _____ Dates Employed _____ to _____
Immediate Supervisor _____ Salary _____
Reason for Leaving _____
Specific Duties _____

c. Employed by _____
Address _____
Telephone Number _____
Your Title _____ Dates Employed _____ to _____
Immediate Supervisor _____ Salary _____
Reason for Leaving _____
Specific Duties _____

d.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

e.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

f.

Employed by _____

Address _____

Telephone Number _____

Your Title _____ Dates Employed _____ to _____

Immediate Supervisor _____ Salary _____

Reason for Leaving _____

Specific Duties _____

10. List three (3) references (not relatives, or, former employers) who are responsible adults, and who have known you well during the past five (5) years: INCLUDE PHONE NUMBER WITH AREA CODES

Use an additional sheet if necessary

Name	Street	City	State	Zip	Home/Phone
------	--------	------	-------	-----	------------

How long known?	Occupation & Business Address	Work Phone
-----------------	-------------------------------	------------

Name	Street	City	State	Zip	Home/Phone
------	--------	------	-------	-----	------------

How long known?	Occupation & Business Address	Work Phone
-----------------	-------------------------------	------------

Name	Street	City	State	Zip	Home/Phone
------	--------	------	-------	-----	------------

How long known?	Occupation & Business Address	Work Phone
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- a. List the names of any acquaintances employed by this department:

- b. Have you ever applied to, or been employed by the Lewis County Sheriff's Office in any capacity as a paid employee or a volunteer?

YES____ NO____ If YES, Date and Position:_____

- c. Have you ever applied for any position with another law enforcement agency within the past three years?

YES____ NO____ If YES, explain (use back of page if necessary):

Date	Agency Name and State	Status of Application
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Date	Agency Name and State	Status of Application
------	-----------------------	-----------------------

Date	Agency Name and State	Status of Application
------	-----------------------	-----------------------

- d. Have you ever had any involvement or association with another law enforcement agency, either as a volunteer or paid employee?

YES____ NO____ If YES, when/where:_____

11. WORK SCHEDULES

YES

NO

Can you meet work schedules that require rotating shifts with various hours?

Can you meet work schedules which include work on Saturday, Sunday and/or Holidays?

Would you be available to work in addition to your regularly scheduled hours for overtime or compensatory time?

12. ARREST HISTORY

Have you ever been given a Citation, Arrested, Convicted, Charged or Questioned for any offense, violation of any statute or ordinance, law or regulation by any civil or military authority? (Include any convictions or adjudication as a juvenile.)

YES_____NO_____If YES, describe them below:

Date	Location	Arresting Agency	Original Charge	Reduced to	Disposition/Court Action

List below any Traffic and/or Parking citations since you began driving, in this country or an other country.

Date	Location	Issuing Agency	Charge	Charge Reduced	Disposition	Accident Related Y/N

1. Have you ever operated a motor vehicle while under the influence of alcohol? YES_____ NO_____

2. Have you ever been licensed to drive in another state?
YES_____ NO_____

State License Number and Type

3. Have you ever had your license revoked, suspended, or restricted?
YES_____ NO_____ If YES, list below:

State License Number and Type Date and Reason Susp/Revoked

4. Have you ever attended a driver improvement school as a result of a traffic citation, or to dismiss the filing of a traffic citation?
YES_____ NO_____ If YES, list below:

State Location/Jurisdiction What was the citation for?

- A. Yes () No () Have you ever had your wages attached?
- B. Yes () No () Have you ever been a party to a small claims or other court action?
- C. Yes () No () Have you ever been involved with any civil court action?
- D. Yes () No () Have you ever had judgment rendered against you?
- E. Yes () No () Have you ever been refused credit?
- F. Yes () No () Have you ever had any property repossessed?
- G. Yes () No () Have you ever been fired, discharged or asked to resign from any position?
- H. Yes () No () Have the police ever been called to your home?
- I. Yes () No () Have you ever committed any criminal violation that has gone undetected?
- J. Yes () No () Have you or your spouse ever been sued or summoned into court?
- K. Yes () No () Have any relatives of you or your spouse ever been convicted of any crime or imprisoned?
- L. Yes () No () Do you now or have you ever had any gambling debts?
- M. Yes () No () Have you ever used an employer's money to gamble with?
- N. Yes () No () Have you ever had an F.B.I. fingerprint check done for any reason?
- O. Yes () No () In any employment setting, including military service, have you received any verbal or written reprimands or suspensions for violations of company policy?
- P. Yes () No () Would you have difficulty in working or dealing with members of the opposite sex, different origin, race, religion, or nationality?
- Q. Yes () No () In any job that you've held, have you been involved in any physical or major verbal confrontations?
- R. Yes () No () Would you be able to follow direct orders, even though you may not agree with them?
- S. Yes () No () In any previous employment setting, were you ever exposed to any high stress or an extreme emergency condition?
- T. Yes () No () Have you ever left a place of employment without giving two weeks notice?
- U. Yes () No () Have you ever operated a motor vehicle while under the influence of alcohol or drugs, to the point that you knew you should not have been driving?
- V. Yes () No () Have you ever been extensively delinquent on any of your financial obligations?
- W. Yes () No () Have you ever filed for bankruptcy?
- X. Yes () No () Have you ever had any of your financial obligations turned over to a collection agency?
- Y. Yes () No () Are you now current on your financial obligations?
- Z. Yes () No () Have you ever been placed on court supervision or probation?
- AA. Yes () No () Have you ever had any court proceeding expunged?
- AB. Yes () No () Have you been unemployed during the last 10 years? If yes, explain below how you supported yourself?
- AC. Yes () No () Do you pay child support or spousal maintenance?
- AD. Yes () No () Are your support payments current?

PLEASE USE THIS AREA TO EXPLAIN YOUR YES ANSWERS TO QUESTIONS A-AD

List the date of each occurrence

Question - Date -- Explanation

[illegible]

DEPUTY or RESERVE APPLICANTS ONLY

Should the necessity arise, in the course of your duties as a Deputy Sheriff, to take the life of another human being, would you have any reluctance to do so?

YES _____ NO _____ If YES, explain: _____

CERTIFICATION

I hereby certify that the entries on this statement are true, complete, and correct to the best of my knowledge and belief. These entries are made in good faith. I understand that knowing and willfully making any false statement on this form constitutes a violation of the law, and may be cause to initiate an action to suspend or revoke certified peace officer status or removal of my name from civil service consideration.

Signature

Date

Do you have any knowledge or information, in addition to that specifically required in this questionnaire, which is or may be relevant, directly or indirectly to an investigation of your eligibility or fitness for the position you are seeking? This includes, but is not limited to: character traits, temperance, habits, employment, education, subversive activities, family, associations, undetected criminal offenses, traffic violations, or residence? If "YES" provide full information below.

YES _____ NO _____





LEWIS COUNTY SHERIFF'S OFFICE CIVIL SERVICE COMMISSION EMPLOYMENT APPLICATION REQUIREMENTS

REQUIREMENTS:

- 21 Years of Age
- No Felony Convictions
- Valid Washington State Driver's License
- United States Citizen
- High School Diploma or G.E.D. Certificate
- Good Physical Health and Condition
- Other Agency Requirements

APPLICATION PROCESS:

1. Applications are available from the Lewis County Sheriff's Office, Monday through Friday, 8:00 a.m. to 5:00 p.m.
2. \$10.00 application/testing fee (cash, money order, or check payable to Lewis County Civil Service Commission) must be paid prior to receiving application packet.
3. The following **MUST** be included with application packet:
 - a. "Waiver and Authorization to Release Information" signed and notarized
 - b. "Criteria Standards for Disqualification" signed and notarized
 - c. Copy of Birth Certificate
 - d. Copy of Washington State Driver's License
 - e. Copy of Social Security Card
 - f. Copy of High School Diploma or G.E.D. Certificate
 - g. Deputy/Corrections Applicants: "Physical Ability Test Waiver of Rights" signed
 - h. Deputy/Corrections Applicants: Testing Sign-Up Slip
 - i. Lateral Applicants: Copy of Washington State Basic Academy Certificate (or any state's equivalent academy certificate)
 - j. Lateral Applicants: Completed Supplemental Application
 - k. Veteran's credit can be used within eight years of the date of release from active service. You must submit a copy of your DD214 with the application.
 - l. If you have served as an L.C.S.O. Reserve Deputy, indicate the dates served on the application form. You must be a current Reserve Deputy in order to receive bonus points.
4. Sign and date back of application packet.

Please See Reverse Side

EMPLOYMENT APPLICATION/BACKGROUND QUESTIONNAIRE:

1. Follow directions and read each question carefully
2. Use ink to complete application
3. Complete legibly in your own handwriting or printing
4. Answer all questions completely and accurately
 - a. Include complete addresses (street address, city, state, zip code) and telephone numbers (area code and number)
5. If a question does not apply, write N/A in the space provided
6. If you need more space, use an additional form

NOTE: Failure to follow instructions/incomplete information may delay the background process or eliminate you from further processing. Incomplete employment packets will be rejected.

TESTING:

1. Deputy/Corrections Applicants: Physical Ability (must be passed prior to taking video test) and Video Testing. *(See enclosure for additional testing information) An eligibility list will be established from those applicants receiving a passing score on the test. Lateral applicants do not take physical ability or video test.
2. Support Technician Applicants: Keyboarding, written (proofreading, grammar, punctuation, spelling), filing, receipt writing, typed communications (MS Word). *(See enclosure for additional testing information)
3. Structured in-house oral interview
4. Polygraph examination
5. Psychological evaluation
6. Criminal history and background investigation
7. Reference check

Deputy/Corrections Applicants: All candidates selected will be sent to the appropriate law enforcement academy and will be expected to successfully complete all phases of the academy.

Mailing Address:

Lewis County Sheriff's Office
345 West Main Street; MS: SHE01
Chehalis, WA 98532
Phone Number (360)748-9286



STEVE MANSFIELD
SHERIFF

OFFICE OF THE LEWIS COUNTY

SHERIFF

360 NW North St., MS:SHE01
Chehalis, WA 98532-1900
(360) 748-9286
FAX 740-1476 • TDD 740-1480

Gordon Spanski
Undersheriff

Joseph A. Doench
Chief Criminal Deputy

Chandra Wrzesinski
Jail Administrator

Gene O. Seiber
Chief Civil Deputy

WAIVER AND AUTHORIZATION TO RELEASE INFORMATION

***This document affects your legal rights.
Read carefully before signing.***

To whom it may concern:

I, the undersigned, authorize you to furnish to Lewis County or its agencies any and all information that you have concerning me, my work record, my reputation, my medical records, my psychological testing and analysis plus recommendation, my military service records, my educational background and records, my financial status, and such other information and records as you may have in your possession relating to me. Information of a confidential or privileged nature may be included in the materials you provide to Lewis County or its agencies. Your reply will be used to assist Lewis County or its agencies in determining my qualifications and fitness for a position I am seeking with Lewis County and/or one of its departments or agencies.

I understand my right to request access to any public records relating to me pursuant to Title 5 of the United States Code, Section 552 et seq., the Privacy Act of 1974, the Freedom of Information Act, and Revised Code of Washington (RCW) 42.17 et seq., and specifically waive those rights understanding that the information furnished will be used by Lewis County and/or its agencies or departments in conjunction with employment procedures. I will make no attempt to gain access to the information provided by you to Lewis County and/or its agencies or departments in conjunction with this employment process and hereby expressly waive any rights I may have to request the disclosure or information provided by you to Lewis County and/or its agencies or departments in conjunction with employment procedures.

Further, I do hereby release you, your organization, your agents, and others from any liability or damage which may result from furnishing information to Lewis County pursuant to this waiver and authorization to release information.

I do hereby release the Lewis County Sheriff's Office, its agents, and others and authorize them to provide my present employer with any information developed during the background investigation.

Applicant's Name (Printed)

Date

Applicant's Signature

SUBSCRIBED AND SWORN to before me this _____ day of _____, _____.

Notary Public in and for the State
of _____, residing at

My commission expires: _____



Date

Position _____
() Sworn () Corrections () Reserve () Civilian

TO THE APPLICANT:

This questionnaire will be used for reference by those who will be considering you for employment, or for a commission with the Lewis County Sheriff's Office.

An extensive background investigation will be conducted into your personal history.

Applicants will be required to take a polygraph examination to confirm the information in this questionnaire and to determine other items of background information.

I understand that I will not receive nor am I entitled to a copy of the report or to know its contents. I understand no documents submitted by me will be returned and no copies of any other reports or documents utilized for or during my application for employment or a commission will be furnished or given to me. I further understand that when administered a single test, I will not be given the reason if not selected.

Where written explanations are required in this form, it is mandatory that information be listed totally and completely.

The existence of any of the conditions listed below may result in rejection from the selection process. These areas will be explored during an extensive background investigation, psychological, and polygraph examinations.

CRITERIA STANDARDS FOR DISQUALIFICATION

- Any Felony, no time limit.
- Participation in any crime.
- Any misdemeanor conviction involving narcotic drugs, marihuana, or domestic violence.
- Any selling of narcotics, drugs, or marihuana.
- Any illegal use of opiate narcotics, hallucinogens, and/or other dangerous drugs. (Includes LSD, PCP, Peyote, Mescaline, Codeine, Heroin, Morphine, Opium, Psilocybin, Cocaine, Hash, Speed, Barbiturates, etc.
- Any recent or excessive use of marihuana.
- Any history of disregard for traffic laws with such frequency so as to indicate a disrespect for traffic laws and a disregard for the safety of other persons of the highway.
- Any sexual conduct prohibited by law.
- Negligence in maintaining financial responsibility.

PLEASE CONFIRM YOU HAVE READ, UNDERSTAND, AND AGREE TO THE AFOREMENTIONED CONDITIONS AND CRITERIA BY SIGNING BELOW. (MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.)

Signature

Date

Sworn to and subscribed before me

this _____ day of _____, _____.

Notary Public

LEWIS COUNTY SHERIFF'S OFFICE SELF-ASSESSMENT CHECKLIST

The Lewis County Sheriff's Office conducts a thorough investigation on all candidates. The investigation includes some or all of the following: prior employment references, credit ratings, criminal, driving and related police records, a polygraph and psychological evaluation, and a medical examination.

Some of the reasons why past applicants have not been accepted for employment or why individuals have had their names removed from the eligibility list after a lengthy and time-consuming testing process include the following:

- ♦ Deception at any stage in the employment process.
- ♦ Poor credit rating, i.e., a habit of not paying your bills on time.
- ♦ Work history that reflects incompetence, instability, dereliction of duty, or inability to get along with supervisors, co-workers, etc.
- ♦ Failure to provide proof of citizenship or educational certificates as required prior to appointment.
- ♦ Close affiliation with known criminals.
- ♦ Patterns of misdemeanor criminal activity.
- ♦ Felonious criminal activity or crimes of moral turpitude.
- ♦ The use of hallucinogenic drugs.
- ♦ Alcohol or drug abuse.
- ♦ The illegal use of any controlled substance within the last three years; usage prior to three years will be considered case-by-case and may be grounds for removal.
- ♦ Vision, hearing or medical problems that might endanger you, your fellow employees and/or the citizens we serve.
- ♦ Excessive traffic citations or accidents.
- ♦ Traffic citations involving drugs or alcohol.
- ♦ DUI citations or accidents.
- ♦ Driving with an invalid driver's license or inability to obtain a valid driver's license.

The above information is provided to help you make the determination whether or not to proceed with the examination process.



LEWIS COUNTY SHERIFF'S OFFICE & LEWIS COUNTY CIVIL SERVICE

PHYSICAL ABILITY TEST WAIVER OF RIGHTS

READ CAREFULLY

I have read the informational handout in my application packet and understand that the physical fitness test demands a level of performance that is strenuous. I understand the type of physical fitness that will be required of each test. I understand I am advised that I should consult with my personal physician. I feel I have been properly informed as to the risks. I understand I may ask questions prior to any tests being performed. It is my decision to perform the tests and to participate in the testing process.

I hereby certify that I consider myself capable and safe in exerting the levels of effort necessary to perform the physical fitness test.

IN CONSIDERATION of the Lewis County Sheriff's Office and Lewis County Civil Service granting me the opportunity to participate in the physical fitness test as part of the entry level examination, I waive, release and forever discharge any and all rights and claims for any and all physical fitness test, against Lewis County Sheriff's Office, Lewis County Civil Service Commission, their agents, employees, officials and the administrators while acting within the scope of their duties. I further hold harmless such persons and organizations from all and any claims and causes of action, costs and expenses which may arise as a result of my activities during the physical fitness test and agree so on behalf of myself, my dependents, my heirs, executors and administrators.

I have read the above and desire to participate in the physical ability test and have agreed to do so.

SIGNATURE

DATE

PRINT NAME

2006 CIVIL SERVICE TESTING SCHEDULE DEPUTY

Entry level deputy applicants must pass the physical ability test prior to moving on to the video test. Lateral applicants do not take physical ability or video testing. The Civil Service Commission scores lateral applications.

The physical ability test is offered monthly and the video test is offered once each quarter. The deputy pre-test is optional.

Testing is conducted at the Lewis County Sheriff's Office Training Room, located on the first floor of the Lewis County Law & Justice Center, 345 West Main Street, Chehalis. Please wear comfortable clothes (i.e., sweats, t-shirt, tennis shoes) for the physical ability test.

If you have any questions, contact (360) 740-2713 or (360) 748-9286, or E-mail Sheriff@co.lewis.wa.us.

VIDEO TESTING 6:00 P.M.	PHYSICAL ABILITY TESTING 12 NOON
February 8, 2006	January 11, 2006
May 10, 2006	February 8, 2006
August 9, 2006	March 8, 2006
November 8, 2006	April 12, 2006
	May 10, 2006
	June 14, 2006
DEPUTY PRE-TEST 6:00 P.M.	July 12, 2006
February 2, 2006	August 9, 2006
May 4, 2006	September 13, 2006
August 3, 2006	October 11, 2006
November 2, 2006	November 8, 2006
	December 13, 2006

RETURN THIS PORTION WITH YOUR APPLICATION

NAME & PHONE #: _____

POSITION: _____

Please sign me up for the physical ability test scheduled for the month of:

☐ January
☐ February
☐ March
☐ April
☐ May
☐ June

☐ July
☐ August
☐ September
☐ October
☐ November
☐ December

After passing the physical ability test, please sign up for the video test.



CIVIL SERVICE COMMISSION

Washington ♦ Since 1845

COMMISSIONERS

Joseph M. Mano, Jr.

Charles Dibble

Cy Meyers

Jerry Grill, Secretary - Examiner

ENTRY LEVEL DEPUTY SHERIFF APPLICANTS PHYSICAL FITNESS ABILITY TEST

Attached is a copy of the Criminal Justice Training Commission Fitness Ability Test, required at the Criminal Justice Training Basic Law Enforcement Academy.

Applicants that receive a passing score on the entry level test, will be required to pass the ability test, before continuing pre-employment screening.

The Lewis County Civil Service Commission has authorized staff of the Lewis County Sheriff's Office to conduct the test on their behalf.

If you have any questions, you can contact Jerry Grill, the Secretary/Examiner, at 360-736-5125.

The physical ability test is a strenuous test. You are advised to contact your personal physician prior to taking this test.

DEPUTY SHERIFF PHYSICAL ABILITY TESTING

Law enforcement officers have unique job functions, some of which can be physically demanding and dangerous. An officer's capability to perform those functions can affect personal and public safety. Training for the required skills is often more vigorous and demanding than the day-to-day job functions that the officer faces. Physical fitness underlies an officer's ability to perform many of the frequent and critical job tasks as well as the demanded training of skills. The minimum fitness standards identified below, are the requisite levels for an officer to effectively learn the frequent and critical job motor skills. Higher levels of fitness are associated with better performance of physical job tasks required of Criminal Justice Training Basic Law Enforcement Academy.

The Criminal Justice Training Commission Fitness Ability Test Battery is comprised of four tests:

1. 300-Meter Run
2. Maximum Push-Ups
3. Sit-Ups (One Minute)
4. 1.5-Mile Run/Walk

Tests may be administered in the above order. While not required, the test battery process should be sequenced as follows:

1. Warm-up (5- 10 minutes) may be self-directed or lead by test personnel
 - A. General warm-up - 2-3 minutes of easy jogging, jumping jacks, etc.
 - B. Stretching - 5-7 minutes, include stretches for shoulders, back, upper and lower legs.
2. Physical Fitness Test Battery (FAT)
 - C. 300-Meter Run (15 minutes rest)
 - D. Sit-Ups (1 Minute) (5 minutes rest)
 - E. Maximum Push-Ups (10 minutes rest)
 - F. 1.5-Mile Run/Walk
3. Cool-down (5 minutes)
 - G. Walking - keep walking to avoid blood pooling in legs.
 - H. Easy stretching.

300 METER RUN

Purpose

This test measures anaerobic capacity used in high intensity baton and defensive tactics training, and is important for performing short intense bursts of effort such as foot pursuits, rescues and use of force situations. Score in seconds:

56.0 – 71 Mean =62.5.

Equipment

- Standard track or marked level course (300 meters = 328 yds. or 984 ft.)
- Stopwatch (printing stopwatch is preferred)
- Numbered vests or other participant identifiers such as the card system explained in class.
- Video camera is strongly recommended for recordation of performance and to discourage cheating.

Procedures

1. Read the instructions to the participants.
2. Allow participants warm up. (see above procedures)
3. Instruct participants to cover the distance as fast as possible.
4. Have participant line up at the starting line. Give the verbal command "Ready, Set, Go" (adding a visual command is effective) and begin timing as you finish the word "go".
5. The score is the time to the nearest half-second for completion of the run.

Sample Script

The 300-meter run measures your anaerobic power. You must complete the run without any help. At the start, you will line up behind the starting line. When I say "Go" (or describe a visual command, such as dropping a flag or clipboard) the clock will start. Your goal is to run the distance as quickly as possible. You will run (describe the course, including a clear description of the finish line) to and through the finish area and receive a numbered card (Your time will be recorded only when you cross the finish line). Do not bend, fold, or otherwise mutilate this card. Do not trade or lose track of this card, as this is your finish time. Are there any questions?

Tips for the Test Administrator

Participants may finish very close to each other in this event, therefore have assistance in recording times, or run participants in heats. It is best to pair different level individuals together for each flight or sprint to avoid simultaneous finishes.

MAXIMUM PUSH-UP TEST

Purpose

This test measures the muscular strength/endurance of the upper body muscles in the shoulders, chest, and back of the upper arms (the triceps) used in high intensity self defense and arrest simulation training. This is important for use of force involving pushing motion breaking one's fall to the ground, use of the baton, etc.

Score in repetitions 21 – 35 Mean =28.

Procedures

1. Read the instructions to the participants.
2. Demonstrate the test, pointing out common errors and proper positioning.
3. Have the participant get down on the floor into the front leaning rest position and perform one test push-up to properly locate the foam cube at the costal arch and above the xiphoid.
4. Have the participant lower the body until their touches and slightly compresses the foam cube and arms are at least parallel to the floor, then push up again. The back must be kept straight, and in each extension up, the elbows should lock. Resting in the up position (only) is allowed.
5. The score is the maximum number of push-ups completed with no time limit.

Sample Script

The push-up measures the muscular strength and endurance of the upper body (chest, shoulders, and triceps). Place your hands on the ground so they are in a vertical line with your shoulders (approximately 1 – 1.5 shoulder width apart. Your feet may be together, or up to 12 inches apart. Your body should be in a straight line from the shoulders to the ankles, and must remain that way throughout the exercise. When I say "Go", lower your body by bending your elbows until your upper arms are parallel to the ground and you touch and slightly compress the foam block. Your examiner will tell you when you have gone low enough. Then return to the starting position by completely straightening your arms. You may rest only in the up position. If you fail to keep your body in a straight line, touch your chest to the block, or to lock your elbows in the "up " position, you will receive a warning. After one warning, incorrect repetitions will not count. There is no time limit. Do as many correct push-ups as possible. Your score is the number of correct repetitions. Watch this demonstration. Are there any questions?

Tips for the Test Administrator

Ensure that a non-slip surface is available. Ensure that participants maintain a slightly flexed or straight line from their shoulders to their ankles. Be alert for "head bobbles", that is, participants who move their heads up and down without lowering or raising their bodies. As well as sway back and push-ups from the waist up. The examiner should position him/herself at a 45-degree angle to the participant's head and shoulders. This allows the examiner to hold the block without interfering with the participants' head while at the same time he checks for correct body alignment. Participants' glasses should be removed. Remove or tuck-in baggy shirts so they do not obscure sight of the block.

ONE-MINUTE SIT-UP TEST

Purpose

This test measures the muscular endurance of the strength/abdominal muscles, which are used in self-defense and high intensity arrest-simulation training. Further these muscles are important for performing tasks that involve the use of force, and it helps maintain good posture and minimize lower back problems.

Score in repetitions: 30 – 38 Mean =34.

Equipment

- Mat
- Stopwatch – Partner

Procedures

- 1 Read the instructions to the participants.
2. Demonstrate the event, pointing out common errors.
3. Have the participant lie on his or her back, knees bent, heels flat on the floor. Hands should be held behind the head, with elbows out to the sides. A partner holds down the feet.
4. Have the participant perform as many correct sit-ups as possible in one minute. In the up position, the individual must touch the elbows to the knees and then return to the lying position (fingers must touch the examiner's hand) before starting the next sit-up.
5. The score is the number of correct sit-ups.

Sample Script

The sit-up measures the muscular strength/endurance of the abdominal muscles. Lie on your back, with your knees bent at a 90 degrees or tighter, and your heels on the edge of the mat. Your feet may be together or apart, but the heels must stay in contact with the floor. Your partner will sit on your feet and wrap their arms around your calf muscle area. It is your responsibility to inform your partner of any adjustments that need to be made in order to assure your comfort. Your fingers must stay interlocked behind your head throughout the event. If your little fingers are not touching that is considered "apart" and such performance will not be counted.

When I say "Go", lift your upper body by bending at the waist. Touch your elbows to your knees, and return to the starting position. When returning to the starting position, your fingers must touch the examiner's hand. You may rest but only in the "up" position. Do not arch your back or lift your buttocks from the mat. If you fail to keep your fingers interlocked, touch your elbows to your knees or your fingers to the examiner's hand, or if you lift your buttocks off the mat, you will receive one warning. After one warning incorrect repetitions will not count. You will have one minute to do as many sit-ups as possible. I will give you signals at 30, 15 and 5 seconds remaining. Your score is the number of correct sit-ups. Watch this demonstration. Are there any questions?

Tips for the Test Administrator

Make sure that the hands remain interlocked behind the head. Interlocked means that the little fingers are touching. The knees must remain at a 90-degree angle throughout the exercise. The buttocks must remain in contact with the floor at all times.

Any resting must be done in the "up" position.

1.5-MILE RUN/WALK TEST

Purpose

This test is a measure of cardio-respiratory endurance or aerobic capacity used in extended control and defensive tactics training. This is important for performing tasks involving stamina and endurance (pursuits, searches, prolonged use of force situations, etc.) and for minimizing the risk of cardiovascular health problems.

Score: 13:35 – 14:31 Mean = 14:02.

Equipment

- 440-yard track or marked level course
- Stopwatch (printing stopwatch is preferred)
- Numbered vests or other participant identifiers such as the card system explained in class.
- Video camera is strongly recommended for recordation of performance and to discourage cheating.

Procedures

1. Read the instructions to the participants.
2. Allow participants to warm up and stretch before the run.
3. Instruct participants to cover the distance as fast as possible, but to begin at a pace they think they can easily sustain for 10-15 minutes.
4. Instruct participants to hold up fingers (to the video camera) indicating the number of laps completed.
5. Instruct participants line up at the starting line. Give the command "Go" and begin timing. If several participants run at once, have one administrator call out times at the finish while an assistant records the names and respective times.
6. Instruct participants cool down after running the course by walking for an additional five minutes or so. This prevents venous pooling, a condition in which the blood pools in the legs so less is returned to the heart. Walking enhances the return of blood to the heart and aids recovery.
7. The score is the time it takes to finish the course to the nearest second.

Sample Script

The 1.5-mile run/walk measures your cardio-respiratory endurance and the endurance of your leg muscles. You must complete the course without any help. At the start, you will line up behind the starting line. When I say "Go", the clock will start. You will

begin running at your own pace. To complete the 1.5 miles, you will (tell the runners how many laps they must run, or describe the course, including the finish line, if not run on a track). Your goal is to finish the 1.5 miles in as fast a time as you can. Try

not to start too fast but at a pace you can sustain for about 10 to 15 minutes. You may walk but walking will make it difficult to meet the standard. You may run alongside another runner for help with the pace, but you may not physically assist or be assisted by another runner. I will call off your time at the end of each lap (if run on a track), and will record your finishing time. At the end of the run, continue walking for 3-5 minutes to cool down. Are there any questions?

Tips for the Test Administrator

If running on a track, instruct the participants to move out of the inside lane if they decide to walk.

Using an assistant test administrator will give you flexibility in case someone needs help during the event. The assistant can either take over timing duties or provide help to the participant. The assistant can also be used to assist with recording times if there are many runners.

The timer should call off the times in minutes and seconds as the runners cross the finish line.

Be aware of environmental conditions. Extreme heat, humidity, elevation, or poor footing will affect performance times and could increase risk of injury. Choose your testing site and schedule with these factors in mind.

If not running on a measured track, measure your course carefully. **Automobile odometers may not be accurate** therefore, a measuring wheel is strongly recommended.

SCORING THE FITNESS ABILITY TEST BATTERY

The scoring matrix shown below allows the examiner to find the participant's raw and Fitness Ability Test score on each test in the battery. The Fitness Ability Test score for each test item is recorded and added on the individual participant's sheet. The passing (TTBS) score is 160 with the range of scores for each test between 30 and 50 for each test item.

Example: The below measures are merely for illustration and are only approximate values.

1. Sit-Ups 34 = 40 Points.
2. Push-Ups 38 = 50 Points (Note that 34 and above receives the same maximum points)
3. 1.5-Mile Run 14:31 = 30 Points.
4. 300 Meter Dash 60 sec. = 45 Points.

Total Test battery score is 200 points.

The participant who scores below the 30-point level has failed the test but will be allowed to continue on the other test items with the option of retest on any of the following: jump reach, sit-ups push-ups. The participant who scores above the 50-point level on a given test item will not be awarded more than that 50 points to apply towards the other test items.

Preparing for the Criminal Justice Training Commission Fitness Ability Test

Whereas many training routines can be used to improve performance in the Fitness Ability Test, participants should keep in mind that physical training is *specific*. That is, one improves in activities practiced.

If one wishes to optimize push-up performance, push-ups should be included in the training program. Many other exercises can also be included to strengthen the chest, shoulders, and arms, but push-ups should be included in the routine. Ideally, muscles and the cardiovascular system should be gradually and progressively trained over several weeks or months to achieve desired fitness gains. Physical adaptations occur gradually in response to regular, consistent overloads, i.e. doing more than your body is accustomed to doing. It is important to bear in mind that every individual adapts at a different rate- a stimulus resulting in an appropriate, moderate overload to one person may be too much or too little for another person. A participant who has been inactive for a significant period of time should plan to take six to twelve weeks to train for the Fitness Ability Test.

The training routine should include exercises to train upper body strength and muscular endurance, abdominal muscular endurance, leg power, cardio-respiratory endurance and anaerobic power. Strength and cardio-respiratory endurance activities should be performed about every other day, or three days per week, to allow adequate recovery and positive adaptations to occur. Anaerobic (high intensity) training should be done once per week, and can be performed instead of a cardio-respiratory training session. For flexibility enhancement, good back health, and injury prevention, stretching exercises should be performed before and especially after training sessions, as well as on days off.

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PHYSICAL FITNESS ABILITY TEST

300 METER RUN SCORING MATRIX

Time in Seconds	1.33 Point/Sec	Time in Seconds	1.33 Point/Sec
56	50	63.5	40
56.5	49.3	64	39.328
57	48.67	64.5	38.66
57.5	48	65	38
58	47.34	65.5	37.33
58.5	46.67	66	36.66
59	46.0	66.5	36
59.5	45.33	67	35.33
60	44.67	67.5	34.66
60.5	44	68	34
61	43.33	68.5	33.33
61.5	42.67	69	32.66
62	42	69.5	32
62.5	41.33	70	31.33
63	40.67	70.5	30.66
		71	30

PUSH-UPS SCORING MATRIX

Number of Reps	1.43 Points/Rep
35	50.0
34	48.62
33	47.19
32	45.76
31	44.33
30	42.9
29	41.47
28	40.04
27	38.61
26	37.18
25	35.75
24	34.32
23	32.89
22	31.46
21	30.0

PHYSICAL FITNESS ABILITY TEST

SIT-UPS SCORING MATRIX

Number of Reps	2.375 Points/Rep
38	50
37	47.625
36	45.25
35	42.875
34	40.5
33	38.125
32	35.75
31	33.375
30	30

1.5-MILE SCORING MATRIX

Time	Points	Time	Points
.357 Points/Second		.357 Points/Second	
13:35	50	14:03	39.996
13:36	49.635	14:04	39.639
13:37	49.278	14:05	39.282
13:38	48.921	14:06	38.925
13:39	48.564	14:07	38.568
13:40	48.207	14:08	38.211
13:41	47.85	14:09	37.854
13:42	47.493	14:10	37.497
13:43	47.136	14:11	37.14
13:44	46.779	14:12	36.783
13:45	46.422	14:13	36.426
13:46	46.065	14:14	36.069
13:47	45.708	14:15	35.712
13:48	45.351	14:16	35.355
13:49	44.994	14:17	34.998
13:50	44.637	14:18	34.641
13:51	44.28	14:19	34.284
13:52	43.923	14:20	33.927
13:53	43.566	14:21	33.57
13:54	43.209	14:22	33.213
13:55	42.852	14:23	32.856
13:56	42.495	14:24	32.499
13:57	42.138	14:25	32.142
13:58	41.781	14:26	31.785
13:59	41.424	14:27	31.428
14:00	41.067	14:28	31.071
14:01	40.71	14:29	30.714
14:02	40.353	14:30	30.357
		14:31	30.00

INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Lewis County to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran or Vietnam-era veteran.

To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application material. Only authorized personnel will have access to this information for legitimate purposes.

1. *What ethnicity do you consider yourself to be?*

_____ *Caucasian/White* (not Hispanic origin) - those having origins in any of the original peoples of Europe, North Africa or the Middle East.

_____ *Black/African American* (not of Hispanic origin) - those having origins in any of the original groups of Africa.

_____ *Hispanic* - those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.

_____ *Asian or Pacific Islanders* - those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.

_____ *American Indian or Alaskan Native* - those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. *Gender*

_____ Male

_____ Female

3. Are you 40 years of age or older? ☐ Yes ☐ No

4. **Military Status** (Please check all that apply)

<input type="checkbox"/> Non Veteran	<input type="checkbox"/> Spouse of deceased Veteran
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Vietnam Era Veteran
<input type="checkbox"/> Veteran (Other than Vietnam)	<input type="checkbox"/> Disabled Veteran (other than Vietnam)

Date of Discharge: _____

Disabled Veteran - Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

Vietnam Era Veteran - Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

5. **Disability** (Please check all that apply)

<input type="checkbox"/> Not disabled	<input type="checkbox"/> Visual
<input type="checkbox"/> Hearing	<input type="checkbox"/> Mental/Psychological
<input type="checkbox"/> Ambulatory/Mobility	<input type="checkbox"/> Multiple Disability
Other: _____	

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or function; or (b) any mental or psychological disorders such as mental retardation's, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.